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Image# 201603189009812792

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X   F	or Other Than An Aut	horized Committee	Office U	Jse Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Americas Health Insura	ance Plans PAC (Am	erica's Health Insurance	e Plans PAC)	
ADDRESS (number and street)  Check if different	South Building, Suite 500	NW		
than previously reported. (ACC)	Washington		DC 2000	4
2. FEC IDENTIFICATION NU	MBER ▼ CIT	<b>-</b> Y▲	STATE ▲	ZIP CODE ▲
C C00106740		S THIS X NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On:	20 (M2) May 20 (M5) 20 (M3) Jun 20 (M6) 20 (M4) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M11) (Non-Election Year Only)  Dec 20 (M12) (Non-Election Year Only)  Jan 31 (YE)
April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y)	2) PRE-Election Report for the:	Primary (12P)  Convention (12C)	General (12G)  Special (12S)	Runoff (12R) in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	(d) 30-Day	General (30G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period 02	01 / 2016	through 02		)16
I certify that I have examined thi	·	my knowledge and belief it is tr	rue, correct and comple	ete.
Type or Print Name of Treasurer	Marilyn B. Tavenner			
Signature of Treasurer Maril	yn B. Tavenner	[Electronically Filed]	Date 03 / 18	2016
NOTE: Submission of false, errone	ous, or incomplete information	n may subject the person signing	this Report to the penalt	ies of 2 U.S.C. §437g.
Office Use				C FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

### Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

2016 02 2016 Report Covering the Period: 02 29 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 63476.79 January 1, 2016 (b) Cash on Hand at 51227.63 Beginning of Reporting Period..... 11084.04 16334.88 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 79811.67 62311.67 6(a) and 6(c) for Column B)..... 28564.28 46064.28 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 33747.39 33747.39 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC)

Report Covering the Period: From: 02	01 2016	To: 02 29 2016					
I. Receipts	I. Receipts COLUMN A Total This Period						
Contributions (other than loans) From:     (a) Individuals/Persons Other							
Than Political Committees							
(i) Itemized (use Schedule A)	4736.93	6044.58					
(i) itemized (use schedule A)							
(ii) Unitemized(iii) TOTAL (add	1347.11	5290.30					
Lines 11(a)(i) and (ii)▶	6084.04	11334.88					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees (such as PACs)	5000.00	5000.00					
(d) Total Contributions (add Lines							
11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)▶	11084.04	16334.88					
2. Transfers From Affiliated/Other		7 7					
Party Committees	0.00	0.00					
3. All Loans Received	0.00	0.00					
4. Loan Repayments Received	0.00	0.00					
5. Offsets To Operating Expenditures	7						
(Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)	0.00	0.00					
6. Refunds of Contributions Made							
to Federal Candidates and Other							
Political Committees	0.00	0.00					
7. Other Federal Receipts							
(Dividends, Interest, etc.)	0.00	0.00					
3. Transfers from Non-Federal and Levin Funds							
(a) Non-Federal Account	0.00	0.00					
(from Schedule H3)	0.00	0.00					
(b) Levin Funds (from Schedule H5)	0.00	0.00					
(b) Leviii i unus (iioiii Schedule 113)							
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	11084.04	16334.88					
D. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	11084.04	16334.88					

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Operating Expenditures: ——         <ul> <li>(a) Allocated Federal/Non-Federal</li> </ul> </li> </ol>		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	04.00	0,00
Expenditures(c) Total Operating Expenditures	64.28	64.28
(add 21(a)(i), (a)(ii), and (b))▶	64.28	64.28
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committees	28500.00	46000.00
and Other Political Committees	2030.00	
(use Schedule E)	0.00	0.00
. Coordinated Party Expenditures (2 U.S.C. §441a(d))	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
mado	7 7 7 7	
Loans Made	0.00	0.00
. Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	200
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	28564.28	46064.28
	, , , , , , , , ,	
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	28564 28	46064.00
from Line 31)	28564.28	46064.2

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	11084.04	16334.88
Total Contribution Refunds     (from Line 28(d))	0.00	0.00
6. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11084.04	16334.88
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	64.28	64.28
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	64.28	64.28

FOR LINE NUMBER: (check only one) PAGE 6 OF Use separate schedule(s)

22

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (America's Health Insura	ance Plans PAC)
Name of Employer  Americas Health Insurance Plans  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code DC 20004  C ccupation ice President ggregate Year-to-Date ▼  461.52	Date of Receipt  O2 12 2016  Transaction ID: 2016030893741-3  Amount of Each Receipt this Period  115.38  Memo Item
Name of Employer Americas Health Insurance Plans  Pagaint For:	State Zip Code DC 20004  C ccupation ce President ggregate Year-to-Date ▼  461.52	Date of Receipt    Mark   Date   2016   2016     Transaction ID : 2016030893755-3     Amount of Each Receipt this Period
Name of Employer  America's Health Insurance Plans  Expensive For:	State Zip Code DC 20004  C  ccupation xecutive Vice President, Business Aff aggregate Year-to-Date   769.20	Date of Receipt  02 12 2016  Transaction ID: 2016030893741-4  Amount of Each Receipt this Period  192.30  Memo Item
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number only		423.06

FOR LINE NUMBER: PAGE 7 OF 22 Use separate schedule(s) (check only one)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than using	and Statements may not be sold or used by any peng the name and address of any political committee								
NAME OF COMMITTEE (In Full) Americas Health Insurance	Plans PAC (America's Health Insura	ance Plans PAC)							
Full Name (Last, First, Middle Initial) Tom Amontree		Date of Receipt							
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building City		02 26 2016 Transaction ID : 2016030893755-4							
Washington	DC 20004	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	192.30							
Name of Employer  America's Health Insurance Plans	Occupation  Executive Vice President, Business Aff	Memo Item							
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20								
Full Name (Last, First, Middle Initial)  Carmella Bocchino		Date of Receipt							
Mailing Address 601 Pennsylvania Avenu Suite 500, South Buildin		02 12 2016							
City Washington	State Zip Code DC 20004	Transaction ID : 2016030893741-5  Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	192.30							
Name of Employer America's Health Insurance Plans	Occupation  Executive Vice President, Clinical Aff	Memo Item							
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20								
Full Name (Last, First, Middle Initial) . Carmella Bocchino		Date of Receipt							
Mailing Address 601 Pennsylvania Aven Suite 500, South Buildin	ng	02 26 2016							
City Washington	State Zip Code DC 20004	Transaction ID: 2016030893755-5  Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	192.30							
Name of Employer	Occupation	Memo Item							
America's Health Insurance Plans	Executive Vice President, Clinical Aff								
Receipt For:  Primary General  Other (constitution)	Aggregate Year-to-Date ▼ 769.20								
Other (specify) ▼	7.00,20								
SUBTOTAL of Receipts This Page (option	nal)	576.90							
TOTAL This Period (last page this line nu	mber only)								

Use separate schedule(s) for each category of the

FOR	LINE	NU	IMBER	:	PAGE	8	OF	22
(che	ck only	or	ne)					
X	11a		11b		11c	12	!	
	13		14		15	16	;	17

**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC) Full Name (Last, First, Middle Initial) Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016030893741-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 26 2016 City State Zip Code Transaction ID: 2016030893755-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307,68 Full Name (Last, First, Middle Initial) Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 26 2016 City State Zip Code Transaction ID: 2016030893755-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 211.53 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	FOR	R LINE	NU	IMBER	:	PAGE	9	OF	22
Use separate schedule(s)	(che	eck only	or or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC) Full Name (Last, First, Middle Initial) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016030893741-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 96.16 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 384.64 Other (specify) Full Name (Last, First, Middle Initial) B. Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 26 2016 City State Zip Code Transaction ID: 2016030893755-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 96.16 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 384,64 Full Name (Last, First, Middle Initial) c. Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 02 26 2016 Suite 500, South Building City State Zip Code Transaction ID: 2016030893755-12 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 57.69 federal political committee. Memo Item Name of Employer Occupation **Executive Director Insurance Education** America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 230.76 Other (specify) 250.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	F	OR	LINE	NU	<b>MBER</b>	:	PAGE	_ ′	10 OF	22
Use separate schedule(s)	(c	he	ck only	or	ne)					
for each category of the Detailed Summary Page		X	11a		11b		11c		12	
,g.			13		14		15		16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC) Full Name (Last, First, Middle Initial) Matthew Eyles Date of Receipt Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 2016 City Zip Code State Transaction ID: A6E317CDFBD642A19331 DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 833.20 federal political committee. Memo Item Name of Employer Occupation Executive Director, Policy & Regulator America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 833.20 Other (specify) Full Name (Last, First, Middle Initial) B. Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 12 2016 City State Zip Code Transaction ID: 2016030893741-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307,68 Full Name (Last, First, Middle Initial) c. Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 26 2016 City State Zip Code Transaction ID: 2016030893755-18 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 76.92 federal political committee. Memo Item Name of Employer Occupation **Executive Director** BlueCross and BlueShield of Minnesota Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 987.04 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: (check only one) PAGE 11 OF 22 Use separate schedule(s)

TE	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X   11a
	y information copied from such Reports and Stator commercial purposes, other than using the			
\	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (/	America's Health Insura	ance Plans PAC)
Α.	Full Name (Last, First, Middle Initial)  Mark Hamelburg  Mailing Address 601 Pennsylvania Avenue N.W  Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State DC  C Occupation Senior Vice		Date of Receipt    M
<b>3.</b>	Full Name (Last, First, Middle Initial)  Mark Hamelburg  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State DC  C Occupation Senior Vice		Date of Receipt    M
C	Full Name (Last, First, Middle Initial)  Aryana Khalid  Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  America's Health Insurance Plans  Receipt For:  Primary  General  Other (specify)	State DC  C Occupation Executive V	Zip Code 20004  /ice President  Year-to-Date ▼  769.20	Date of Receipt    M
SI	JBTOTAL of Receipts This Page (optional)		·····	423.06
TC	OTAL This Period (last page this line number o	nly)		

FOR LINE NUMBER: PAGE 12 OF 22 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC) Full Name (Last, First, Middle Initial) Aryana Khalid Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016030893755-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 12 2016 City State Zip Code Transaction ID: 2016030893741-27 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307,68 Full Name (Last, First, Middle Initial) c. Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 26 2016 City State Zip Code Transaction ID: 2016030893755-27 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 346.14 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FO	R LINE	NU	IMBER	:	PAGE	· 1	13 OF	22
Use separate schedule(s)	(ch	eck only	or	ne)					
for each category of the Detailed Summary Page	>	<b>1</b> 1a		11b		11c		12	
		13		14		15		16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC) Full Name (Last, First, Middle Initial) Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016030893741-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President, Federal Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) B. Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 26 2016 City State Zip Code Transaction ID: 2016030893755-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 307,68 Full Name (Last, First, Middle Initial) c. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 02 12 2016 Suite 500, South Building City State Zip Code Transaction ID: 2016030893741-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 192.30 federal political committee. Memo Item Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) 346.14 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF 22 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC) Full Name (Last, First, Middle Initial) Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016030893755-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 26 2016 City State Zip Code Transaction ID: 2016030893755-36 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 57.69 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 230.76 Full Name (Last, First, Middle Initial) Jay Perron Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 02 12 2016 Suite 500, South Building City State Zip Code Transaction ID: 2016030893741-39 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 76.92 federal political committee. Memo Item Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 326.91 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 22 Use separate schedule(s) (check only one)

IEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a							
r for commercial purposes, other	Reports and Statements may not be sold or used by any han using the name and address of any political commit								
NAME OF COMMITTEE (In Fully Americas Health Insu	ance Plans PAC (America's Health Insu	urance Plans PAC)							
Full Name (Last, First, Middle II Jay Perron	itial)	Date of Receipt							
Mailing Address 601 Pennsylva Suite 500, Soute City		02 26 2016							
Washington	DC 20004	Transaction ID: 2016030893755-39  Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	76.92							
Name of Employer	Occupation	Memo Item							
America's Health Insurance Plan Receipt For:									
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  307.68								
Full Name (Last, First, Middle I	itial)	Date of Receipt							
Mailing Address 601 Pennsylvar Suite 500, Sou		02 12 2016							
City Washington	State Zip Code DC 20004	Transaction ID : 2016030893741-40  Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	115.39							
Name of Employer America's Health Insurance Plan	Occupation Senior Vice President	Memo Item							
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 461.56								
Full Name (Last, First, Middle II	itial)	Date of Receipt							
Mailing Address 601 Pennsylva Suite 500, Sou		02 26 2016							
City Washington	State Zip Code DC 20004	Transaction ID: 2016030893755-40  Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	115.39							
Name of Employer	Occupation	Memo Item							
America's Health Insurance Plan	Senior Vice President								
Receipt For:  Primary General	Aggregate Year-to-Date ▼	_							

	FOR LINE NUMBER:	PAGE 16 OF	22		
Use separate schedule(s)	(check only one)				
for each category of the Detailed Summary Page	X 11a 11b	11c 12			
	13 14	15 16	17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC) Full Name (Last, First, Middle Initial) Mary Tavenner Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 City Zip Code State Transaction ID: 2016030893741-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation President & CEO Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 769.20 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Tavenner Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 26 2016 City State Zip Code Transaction ID: 2016030893755-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer Occupation Americas Health Insurance Plans President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 769,20 Full Name (Last, First, Middle Initial) c. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 02 12 2016 City State Zip Code Transaction ID: 2016030893741-47 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 76.92 federal political committee. Memo Item Name of Employer Occupation **Executive Director** America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) 461.52 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF 22 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (America's Health Insurance Plans PAC) Full Name (Last, First, Middle Initial) Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2016 26 City Zip Code State Transaction ID: 2016030893755-47 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 76.92 federal political committee. Memo Item Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 307.68 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 76.92 SUBTOTAL of Receipts This Page (optional)..... 4736.93 TOTAL This Period (last page this line number only).....

## S П

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 OF 22 (check only one)  11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
Americas Health Insurance Pla	ns PAC (	America's Health Insur	rance Plans PAC)
Full Name (Last, First, Middle Initial)  A. Anthem, Inc. Political Action Committee	ee (ANTHE	EM PAC)	Date of Receipt
Mailing Address 120 Monument Circle			02 01 2016
City Indianapolis	State IN	Zip Code 46204	Transaction ID : D48F7D5D85C1486C8CAD Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0197228	5000.00
Name of Employer	Occupation	1	Memo Item Annual Contribution - 2016
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation	١	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  C.			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation	١	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			5000.00

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 19 OF 22
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
_	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	ic and address of any pointer		Solicit contributions from such committee.
Americas Health Insurance Plans F	PAC (America's Heal	th Incuran	ce Plans PAC)
Americas Health Insulance Flans F	AC (America's rieai	ili ilisulali	ice Flatis FAC)
Full Name (Last, First, Middle Initial)			
A. Beatty for Congress			Date of Disbursement
Mailing Address 222 East Town Street			02 22 2016
Suite 2W			02 22 2010
City	State Zip Code		Transaction ID: 4D040F5A6CAD4F29E76
Columbus	OH 43215		Transaction ID . 4D040F3A0CAD4F29E70
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period
Candidate Name			
Joyce Beatty		Category/ Type	1000.00
	nent For: 2016		Memo Item
	Primary General		
State: OH District: 03	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
Bennet for Colorado			Date of Disbursement
Berniet for Golorado			M M / D D / Y Y Y Y
Mailing Address PO Box 3078			02 01 2016
,	State Zip Code		Transaction ID : E971F64AFCD87AA0815
Denver Purpose of Disbursement	CO 80201		
2016 General		011	Amount of Each Disbursement this Period
Candidate Name			Timoth of Each Property and Control
Michael F. Bennet		Category/ Type	2000.00
Office Sought: House Disbursen	nent For: 2016		Memo Item
	Primary General		_
	Other (specify) ▼		
State: CO District:			
Full Name (Last, First, Middle Initial)	0		Date of Disbursement
Blue Dog Political Action Committe	<del>C</del>		M M / D D / Y Y Y Y
Mailing Address PO Box 83142			02 05 2016
Oth.	75.0		
,	State Zip Code MD 20883		Transaction ID: 9E9737B0C5F433AF158
Purpose of Disbursement			
2016 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Blue Dog Political Action Committee		Туре	5000.00
	nent For: 2016 Primary General		Memo Item
	Other (specify)		
State: District:	Contribution		
SUBTOTAL of Disbursements This Page (optional)			8000.00
TOTAL This Period (last nage this line number only)		<b>L</b>	

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	PAC (America's Heal	th Insuran	ce Plans PAC)
Full Name (Last, First, Middle Initial)  A. Brady for Congress			Date of Disbursement
Mailing Address PO Box 8277			02 26 2016
,	tate Zip Code TX 77387-8277		Transaction ID: 410F403E8C8E745BED8
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period
Candidate Name Kevin Patrick Brady		Category/ Type	1000.00
Senate	nent For: 2016  Primary		Memo Item
Full Name (Last, First, Middle Initial)			Date of Dishuraness
Chc Bold PAC			Date of Disbursement
Mailing Address PO Box 75357			02 05 2016
Washington	tate Zip Code DC 20013		Transaction ID : DDBA282DAEFEE43ED86
Purpose of Disbursement 2016 Contribution		011	Amount of Each Disbursement this Period
Candidate Name Chc Bold PAC		Category/ Type	5000.00
Senate	nent For: 2016  Primary General  Other (specify)  Contribution		Memo Item
Full Name (Last, First, Middle Initial) Friends of Sam Johnson			Date of Disbursement
Mailing Address PO Box 860096			02 09 2016
,	tate Zip Code TX 75086		Transaction ID : C79E7E1524AB7E03F00
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period
Candidate Name Samuel Robert Johnson	'	Category/ Type	1000.00
Office Sought: House Disbursem	nent For: 2016 Primary General Other (specify)	21.	Memo Item
SUBTOTAL of Disbursements This Page (optional)			7000.00
TOTAL This Period (last page this line number only).		<u> </u>	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 21 OF 22
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	io and address of any pointed		Const. Contributions from Cash Committees.
Americas Health Insurance Plans F	PAC (America's Heal	th Inguran	ce Plans PAC)
Americas riediti insurance rians r	AO (America 3 meai	iii iiisuraii	ce i lans i Aoj
Full Name (Last, First, Middle Initial)			
A. Martin Heinrich for Senate			Date of Disbursement
Mailing Address PO Box 25763			02 19 2016
Walling Address FO Box 25705			02 19 2010
City	State Zip Code		Transaction ID - 2226 A055 D4 24 D6756 44
	NM 87125		Transaction ID: 2236A95EB124D67F644
Purpose of Disbursement 2018 Primary		011	Associated Foods District and this Deviced
Candidate Name			Amount of Each Disbursement this Period
Martin Heinrich		Category/ Type	1000.00
	nent For: 2018	. , , , ,	Memo Item
X Senate	Primary General		_ memo nem
President	Other (specify) ▼		
State: NM District:			
Full Name (Last, First, Middle Initial)			Data of Dishursoment
Moulton for Congress			Date of Disbursement
Mailing Address PO Box 2013			02 05 2016
•	State Zip Code		Transaction ID : E42F44E43645A330FA8
Salem Purpose of Disbursement	MA 01970		
2016 Primary		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Seth W. Moulton		Type	1000.00
	nent For: 2016		Memo Item
	Primary General		
State: MA District: 06	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
New Democrat Coalition PAC			Date of Disbursement
New Bemooral Coamon 1716			M M / D D / Y Y Y Y
Mailing Address 700 13th Street, NW			02 05 2016
Suite 600	Note The Oak		
,	State Zip Code DC 20005		Transaction ID: 9E8C541CAE724E80ADF
Purpose of Disbursement	20000		
2016 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
New Democrat Coalition PAC	and Fam. 65:5	Type	5000.00
	nent For: 2016 Primary General		Memo Item
	Other (specify)		
State: District:	Contribution		
SUBTOTAL of Disbursements This Page (optional)			7000.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)	Harana I I I I I I	FOR LINE	NUMBER: PAGE 22 OF 22
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	ents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans P	PAC (America's Heal	th Insuran	ce Plans PAC)
Full Name (Last, First, Middle Initial)	_		
Renee Ellmers for Congress Comm	nittee		Date of Disbursement
Mailing Address PO Box 99567			02 03 2016
,	State Zip Code NC 27624		Transaction ID : E4BC81B26520542879D
Raleigh Purpose of Disbursement	NC 27624		
2016 Primary		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Renee L. Ellmers	ant For Coto	Туре	
Senate	nent For: 2016  Primary General  Other (specify)		Memo Item
State: NC District: 02	<b>(1</b>		
Full Name (Last, First, Middle Initial)			
3. Volunteers for Shimkus			Date of Disbursement
Mailing Address PO Box 661			02 01 2016
City S Collinsville	State Zip Code IL 62234-0661		Transaction ID : 9EB34AB693590D14735
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Lacit Dispulsement this Fellou
John M. Shimkus		Category/ Type	2500.00
Office Sought: House Disbursem	nent For: 2016 Primary General Other (specify)	71	Memo Item
State: IL District: 15	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			Data of Dialous
C- Volunteers for Shimkus			Date of Disbursement
Mailing Address PO Box 661			02 01 2016
City	state Zip Code		T ID DDDEE.404.E00504.0EEDD
Collinsville	IL 62234-0661		Transaction ID : BDDFE12AE82594C7FBB
Purpose of Disbursement 2016 General		011	Amount of Fook Dishuronment this Device
Candidate Name		Category/	Amount of Each Disbursement this Period
John M. Shimkus		Type	2500.00
Senate	nent For: 2016  Primary General  Other (specify)		Memo Item
State: IL District: 15	(opoony) ▼		
SUBTOTAL of Disbursements This Page (optional)			6500.00
TOTAL This Period (last nage this line number only)			28500.00